

EMPLOYMENT APPLICATION

Applicant Name:

Date:



Rolling Hills Elementary School • Section Elementary School
Big Bend Elementary School • Clarendon Avenue Elementary School
Prairie View Elementary School • Eagleville Elementary Charter School
Park View Middle School • Mukwonago High School

www.mukwonago.k12.wi.us

It is the policy of Mukwonago Area School District to provide equal opportunity in employment to all employees and applicants for employment. No person is to be discriminated against in employment because of race, color, creed, ancestry, marital status, religion, sex, national origin, age, disability, public assistance status, military status or any other characteristic protected by law.

Please complete all of the information below even if you have attached a resume.

PERSONAL DATA					
Last Name:		First Name:		Middle:	
Social Security Number:					
Present Address (Street, City, State, Zip Code):				Phone Number:	
				()	
Permanent Address (If different From Present Address):				Phone Number:	
				()	
Position For Which You Are Applying:		E-Mail Address		Schedule Desired: <input type="checkbox"/> Full Time	
				<input type="checkbox"/> Part Time <input type="checkbox"/> Limited Term	
				Salary Range Desired:	
				<input type="checkbox"/>	
GENERAL INFORMATION					
How did you hear about this opening? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> DPI website <input type="checkbox"/> Mukwonago Area School District Website <input type="checkbox"/> Other					
<input type="checkbox"/> Referred by: _____					
Date of Availability:					
Have you ever been employed by Mukwonago Area School District? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, What position? _____ When? _____					
Have you ever applied for employment with Mukwonago Area School District? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, What position? _____ When? _____					
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of eligibility must be provided if hired)					
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list age _____					
For Teaching Applicants only: Are you under contract for next year? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where? _____					
EDUCATION					
Name of Institution	City/State	Major/Minor Course Work	Number of Years Completed	Did you Graduate?	Type of Degree Granted
High School				Yes No	
College or Technical School				Yes No	
College or Technical School				Yes No	
Other Education				Yes No	
LICENSURE					
List all current licenses held:					
Name of License	Area	Number	Expiration Date		

For Teaching Applicants only: Total Years of Full-time Service in Education. _____

EMPLOYMENT HISTORY (List your experience in chronological order with your most recent experience first)					
Name of Employer (Current or Most Recent):		Address (Street, City, State, Zip)		Phone Number ()	
Employment Dates: From: Month Year		Beginning Job Title:		Last Job Title:	
To: Month Year				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time ___ # of hours per week	
Starting Salary		Ending Salary		Name and Title of Supervisor:	
\$ per		\$ per		May we contact this employer?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe your responsibilities:					
Reason for leaving or seeking change:					
If a break in employment occurred, please explain why:					
Name of Employer:		Address (Street, City, State, Zip)		Phone Number ()	
Employment Dates: From: Month Year		Beginning Job Title:		Last Job Title:	
To: Month Year				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time ___ # of hours per week	
Starting Salary		Ending Salary		Name and Title of Supervisor:	
\$ per		\$ per		May we contact this employer?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe your responsibilities:					
Reason for leaving or seeking change:					
If a break in employment occurred, please explain why:					
Name of Employer:		Address (Street, City, State, Zip)		Phone Number ()	
Employment Dates: From: Month Year		Beginning Job Title:		Last Job Title:	
To: Month Year				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time ___ # of hours per week	
Starting Salary		Ending Salary		Name and Title of Supervisor:	
\$ per		\$ per		May we contact this employer?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe your responsibilities:					
Reason for leaving or seeking change:					
If a break in employment occurred, please explain why:					

SUPPLEMENTAL INFORMATION

For Teacher Applicants Only: List any extracurricular activities you feel competent to direct:

Activity	Years Experience Directing

REFERENCES Please list 3 professional references		
Name:	How do you know this person?	Phone Number: ()
Name:	How do you know this person?	Phone Number: ()
Name:	How do you know this person?	Phone Number: ()

Have you ever pled guilty, or no contest/nolo contendere, to or been convicted of an ordinance violation (exclude traffic violations resulting in fines less than \$50.00), misdemeanor, or felony?

No Yes

Do you have any pending criminal charges? No Yes

(In accordance with State law, pending charges or convictions will not be used or considered unless they are substantially related to the circumstances of the particular job.)

Have you ever been dismissed from a position? No Yes

Have you ever been asked to resign from a position: No Yes

Have you ever been asked to resign rather than face disciplinary action against a license or certificate: No Yes

Have you ever been investigated by any agency responsible for the administration of educational licenses for alleged immoral conduct or incompetence relating to your educational license?

No Yes

Have you ever resigned, been disciplined or dismissed from any position for immoral or unprofessional conduct or for unfitness for service? No Yes

Have you ever had a certificate or license to teach or perform other school duties denied, revoked or suspended? No Yes

Have you ever resigned, been suspended or discharged due to conduct relating to the health, welfare, safety or education of any pupil? No Yes

Are you able to perform the essential functions of the position for which you are applying either with or without reasonable accommodation? No Yes

If no, please explain: _____

Is disciplinary action of your educationally related license pending in any other states?

No Yes

** If you answered yes to any of the above, please explain. Include date(s), location of court, nature and place of charge or conviction and disposition of the case:

All Applicants: Describe any other significant training or experiences, which may relate to the position applied for: (describe experience, dates, locations)

AUTHORIZATION AND RELEASE

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release any and all information concerning my former employment to this prospective employer, its officers, employees and agents, or any other person or entity making a written or oral request for such information on behalf of this company. I understand that the employment information may include but is not necessarily limited to performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, opinions, and public record information regarding my suitability for employment possessed by it. I recognize that a copy of this authorization and release is as valid as the original and should be considered as such.

I understand that I may be required to undergo a post-conditional offer of employment physical/mental examination, which may include a drug and/or alcohol test, and hereby authorize the release of the results of such physical examination and drug and/or alcohol tests to the Mukwonago Schools. I understand that I may be required to undergo future such examinations or tests and that my employment is contingent upon successful completion of such tests and examinations. I understand and release the Mukwonago Schools from any and all liability with respect to such examinations and tests, and hold the Mukwonago Schools harmless for any decision made in this respect.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee or agent disclosing such facts knows are untrue.

I understand this is a preliminary application and not a contract to employ me. If employed, I agree to comply with all rules of the District as a condition of continued employment.

Candidate's Name Printed

Date

Candidate's Signature

Date
